

Transition to SCPHN

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TRANSITION TO SPECIALIST COMMUNITY PUBLIC HEALTH NURSING: THE EFFECTS ON AUTONOMOUS PRACTITIONERS RETURNING TO STUDENT STATUS

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Abstract (100-150)

Qualified Nurses returning to student status is not well researched within nursing. The aim of the study is to ascertain the effect that returning to student status has on autonomous practitioners embarking on the Specialist Community Public Health Nursing programme. Enabling participants to voice their opinions and be heard aims to provide a greater understanding of the effect that such transition has on individuals. With such insight, those engaged in the preparation of such practitioners, namely Lecturers and Practice Teachers will have a greater appreciation of the impact that returning to student status has equipping them with heightened awareness for future transition. Findings: 6 Key themes evolved: 1) initial feelings, 2) effects from academia, 3) effects from clinical, 4) support provision, 5) personal effects and 6) exit feelings. The student title created such a strong feeling of loss highlighting a clear need to retain identity, status and credibility. Coupled with the effects of relinquishing autonomy, one questions and would encourage change in practice when introducing forthcoming student whilst utilizing previous knowledge and skills as a platform for learning.

Keywords: expert to novice', transition, career change, returning to student, 'Clinical Competence', 'Students', 'Nursing', 'Professional Development' 'School Health', 'Post registered education', 'Autonomy to student', 'Practitioner to student', 'School / Community / Public Health', 'Public health – education', 'transition', 'socialisation'

Introduction

Qualified Nurses returning to student status is not well researched within nursing. As noted by Shearer and Adams (2012), most post-registration education for nurses in the UK has been provided by means of fragmented modules. The focused and integrated nature of the

SCPHN programme affords the returning to 'student' status coupled with an initial relinquishing of clinical autonomy.

Students entering the Specialist Community Public Health Nursing programme do so as qualified nurses from varying health backgrounds and whilst Burke (1994) suggests that any nurse being orientated into a new environment is potentially subject to 'reality shock' (Burke 1994 p 61) anecdotal evidence suggests returning to student status affects individuals in different ways.

Background / literature:

Transition is a familiar concept in developmental theories and in stress and adaptation theories (Chick and Meleis 1986 p238). Chick and Meleis (1986) used Webster's Third International Dictionary (1971) to define transition as 'a passage or movement from one state, condition, or place to another' (Chick and Meleis 1986 p 239). Transition relates to changes in direction or fundamental life patterns and may produce profound alterations in the lives of individuals and their significant others. One important characteristic of transition is that it is essentially positive the completion of which implies that one has reached a period of stability but as Bridges (2004 p 11) states 'every transition begins with an ending' this meaning that individuals have to let go of familiarity.

Chick and Meleis (1986) define characteristics of transition in four stages. Firstly, the process: its beginning and end do not occur simultaneously but there is a sense of movement and development. Secondly disconnectedness; associated with disruption on which the individuals feelings of security depend. Thirdly, perception; relates to differences in perception of a transition which may influence individual reactions and responses and

whilst transition is a personal phenomenon, definitions and redefinitions of self and self situations promotes awareness and lastly patterns of response relates to observable and non observable behaviours during the process of transition. Chick and Meleis (1986) relate such behaviours to disorientation, distress, irritability, anxiety, depression, elation and happiness and although similarities may be evident, they point out that transitions are not experienced uniformly by people despite the commonalties of entry, passage and exit.

In educational and professional roles, transition is classified by Kralik et al. (2006) as situational transition and is said by Hunter and Bormann (1996) cited by Spoelstra and Robbins (2010) to encompass actual transition into and through the educational program as well as transition from novice to expert which draws attention to the journey of study as well as that of professional development - both of which are features of the current enquiry.

There is very little written relating to nurses returning to full time educational programmes. As noted by Begley (2007) research in this area is sparse. Those located presented 4 themes: Emotional effects, academic issues, knowledge and skill development and support. Two of the themes are pertinent to focus on as they are relevant to the current paper.

Emotional effects:

The American study by Heitz et al. (2004) researched role transition from Registered Nurse to Family Nurse Practitioner. They discuss extrinsic and intrinsic obstacles which appear related to stressors such as events and situations: clinical negativity, preceptor issues or staff resistance, or people which included aspects of wife, mother and employee which Faulk et al. (2010) considers to be a consequence of role conflict.

Intrinsic obstacles related to sacrifices which was said to include either personal or emotional aspects. Sacrifices were identified by Leonard (2003) who exposed giving up family and leisure time as problematic when surveying 36 students enrolled in two on line courses in North Alabama although the fact that the sample participation relates to the majority of students being female (86.12%), married (66.7%) and parents (69.4%) working full time in nursing (88.9%) that may have strongly influenced the outcomes.

Self-perception, deemed also as an intrinsic obstacle related to individual feelings, which emerged as fear, anxiety, overwhelm, inadequacy, vulnerability and isolation. Similarly, feelings of vulnerability and discomfort with a loss of personal worth was highlighted by the students of Hylton (2005) resulted in self-esteem issues with sadness being a consequence of negative comments or minimalisation of effort being reported by Faulk et al. (2010).

Heitz et al. (2004) utilized the term turbulence appears to relate to the effects of such intrinsic obstacles these being reported as alternating emotions and perceptions. Heitz et al. (2004 p 417) quotes participants: 'frightening at times', chaotic' and a 'roller coaster' as their turbulent effects and notes that such a phase requires stability. Such stability they claim to be achieved from the influence of positive forces derived from external and internal influences, which included life and previous role experience – areas featured by Hylton (2005) but noted to receive no recognition by the students of Begley (2007) and Melrose and Gordon (2008) classifying this as feeling undervalued. Leonard (2003) on the other hand acknowledges stabilizing factors reported as a sense of accomplishment, pride and personal satisfaction whilst students highlighted the feeling of empowerment in their career choice due to the educational input and commented on how their studies had supported them professionally.

Begley (2007) utilizing a phenomenological approach via unstructured tape-recorded interviews captured interpretations of experiences of 6 qualified nurses undertaking post registration study. Although not captured from the spoken word, Begley (2007) drew on the terms frustration and disillusion to sum up the views of students and claimed students suffered a sense of loss of status and role confusion when changing from staff nurse to student. Whilst Begley (2007) and Melrose and Gordon (2008) appreciate students entered with different backgrounds, it is noted that all participants found themselves in an unfamiliar area and record their views that previous experience was not accounted for.

Knowledge and skill development

Shearer and Adams (2012) explored ten students' perceptions of an advanced nursing practice course and although not directly investigating the effects of returning to student status, claimed to draw on factors affecting progression. The main findings appear to focus on the positive aspects of improved clinical skills, enhanced confidence, increased autonomy, the benefit of networking with peers and the valued support provision of the tutor and resources.

Faulk et al. (2010) highlighted enhanced knowledge and skills, which included cultural competency, technology and role development - with it the change in relationships due to enhanced credibility from the client group. Although Hylton (2005) echoes such positive findings relating to knowledge and skill development there is an acknowledgment that students struggle with multiple new learning activities and teachers interviewed linked high anxiety levels and lack of confidence to poor self-esteem. A contribution to the negative viewpoint however may be related to this study being associated to students undertaking

the programme via a satellite campus with limited resource facilities and support provision.

This aside, Hylton (2005) as mentioned above acknowledged the lack of recognition of existing skills echoed by Begley (2006) whose students wore their qualifying badge to promote credibility of their historical foundation.

Despite this however, Begley (2006) captured an acknowledgement that students were in a new area and had a lot to learn. The outcome of such learning was reported by Leonard (2003) to be rewarding giving a sense of accomplishment whilst others gave an appreciation of increased confidence and competency (Faulk et al. 2010) and of not being alone 'being all in the same boat' (Faulk et al. 2010 p 9) to which Kalman, Wells and Gavan (2009) add self esteem and a sense of security due to knowledge gained.

Although literature is limited it captures the essence of the views of students embarking and moving through some form of study process. It is evident that there has been emotional impact during the journey of progression with students reporting effects on confidence and self esteem to name but many reported above. There is however a sense of accomplishment and achievement which is positive to note.

Research Design

A review of the literature was undertaken utilizing electronic databases CINAHL, MEDLINE and the British Nursing Index between the year 2003 and 2016 giving a 13 year duration. Extracting literature pertaining to qualified nurses returning to education proved challenging therefore additional searches were undertaken expanding the terms of reference in the hope that further sources of information could be generated. A total of 11 searches were undertaken utilizing a combination of terms

‘expert to novice’, transition, career change, returning to student, ‘Clinical Competence’, ‘Students’, ‘Nursing’, ‘Professional Development’ ‘School Health’, ‘Post registered education’, ‘Autonomy to student’, ‘Practitioner to student’, ‘School / Community / Public Health’, ‘ Public health – education’, ‘transition’, ‘socialisation’.

Secondary searching highlighted some additional literature albeit older but in view of its pertinence to the subject in question was deemed important to consider.

Whilst appreciated that literature pertaining to student nurses and education is plentiful, the aim of the current research was to ascertain the views of autonomous practitioners returning to student status, for this reason, papers relating to pre-registration nurse education were avoided.

Population and sampling

A tiered approach to sampling was considered appropriate as this enabled convenience and purposive sampling of nurses who met the criteria of having embarked on the Specialist Community Public Health Nursing programme. Initially presenting as a convenience sample which as Parahoo (2006) states is choosing from those who are available, highlighted a gap. The population consisted of qualified nurses with twelve months experience (or less). Therefore to afford comparison with those who had greater autonomy in the work place, professional networks were also used to identify individuals who had taken the programme prior to the current year group. A purposive sample was taken from those identified giving greater control of the composition of participation

(Table 1). Number of participants and route

	Health visitor participants	School Nursing participants
Total Number of Participants	9	15

Method

Demographic questionnaires were firstly circulated. Twelve questionnaires were initially returned within the time period of one month. A second questionnaire sent to the eleven candidates who failed to respond gave a total of sixteen finally returned.

Assuming that those who did not return to form were no longer wishing to be involved were not contacted further.

The development of a demographic questionnaire revealed the following:

- identification of current year opposed to past year students
- which programme route participants had embarked on: School Nursing or Health Visiting
- the volume of experience within the given field prior to embarking on the programme (Table 2).

Table 2: Participation and experience

	Actual total number of participants	More than 5 years' experience	Less than 5 years' experience	Less than 2 years' experience	Less than 1 years' experience	No experience within the specialty
Health visitor	7				2	5

participants						
School nursing participants	9	1	1		2	5

Despite piloting the questionnaire and having ethics' advise on refining the document, it failed to provide information regarding previous professional backgrounds – this became evident during the following stage of enquiry.

The second phase of a non- directive interview approach was considered to be more appropriate than that of a structured interview format as this was thought too constrained and would potentially restrict opinion and loose pertinent views. With the aim of enabling the respondents to take the interview in the direction pertinent to themselves, one question piloted on colleagues was utilized to commence the interview:

‘How did returning to student status affect you’

with additional questions employed to promote clarity and understanding.

Data was captured utilizing an audiotape and transcribed verbatim each participant's recording held under a number opposed to name protecting anonymity. Following interviews, notes were made describing the presentation of the interviewee and a reflection on personal feelings of the interview process.

Ethics

Permission to undertake the study was granted by the ethics committee within the University of study. In view of potential participants being NHS employees and venue for data collection potentially being NHS premises, application was also submitted for NHS research permission to National Institute for Social Care and Health Research Permissions Co-ordinating Unit (NISCHR PCU).

As Blythe et al. (2013) note, being in possession of common experiences i.e. having been a student who undertook the SCPHN programme and sharing with participants characteristics that are being studied (Corbin et al. 2009, Yakushko et al. 2011, Burns et al 2012, West et al 2012) whilst working within the role of Practice Teacher facilitates greater knowledge of the participants experience and therefore places the current researcher into the position of an insider. Arguably however, Blythe et al. (2013) refer to an insider's close association and links to the studied population, therefore as the researcher is not working closely with all of the participants involved it could be argued that this deems the researcher as an outsider indicating in this instance that the researcher is an insider with those familiar to them whilst an outsider to those who are not despite having historically lived the experience of the area of study.

With this in mind it was necessary to consider the advantages and disadvantages of being in such a position. As an insider (known to participants as well as owning knowledge of the experience) the advantages as highlighted by Corbin et al. (2009) are participants are more likely to engage in open dialogue facilitating greater depth of information. Holland (1999), being in a similar position to the current researcher i.e. being known to the students as a teacher and being a nurse herself, argues such a position enhances a shared understanding of the cultural world, information and as Rooney (2005) points out, having an appreciation of the subject being studied enables greater understanding facilitating the research process. The disadvantages however is that some participants may feel uncomfortable talking to an

insider and would prefer anonymity (Couture et al. 2012) and the insider may lack objectivity required to promote accuracy of findings (Rooney 2005).

Validity and reliability

Piloting both the questionnaire and interview question enhanced reliability. In order to maximize validity, interviews were audio recorded and transcribed verbatim offering a true reflection of the participants' views.

Data analysis

Demographic questionnaires were firstly put into categories pertaining initially to route direction. School nursing students questionnaires were then categorised by duration of previous experience prior to course commencement. Random selection of 5 was taken from the Health Visiting group and 3 from the school Nursing adding purposefully the two with greater experience. The intention here was to ensure the potential of comparison between those entering student status with no background of the profession to those with some background whilst also ensuring variety of route specific students and experience.

Audio recordings were transcribed verbatim such transcription format is claimed by Strubert and Carpenter (2011) to present powerful and meaningful data which adds richness to the reports. A proportion of the participants were given the transcripts in order for accuracy of text to be confirmed which according to Begley (2007) promotes credibility.

Through persistent reviewing of the data, reading transcripts and re-listening to the interviews numerous times and by using Burnard's (1991) framework of thematic

content analysis that follows a systematic multi-stage process to identify key themes in the data, key feelings, themes and patterns were captured.

Six main themes emerged from the data. These were:

- 1) initial feelings
- 2) effects from academia
- 3) effects from clinical
- 4) support provision
- 5) personal effects and
- 6) exit feelings

For the purpose of this paper, focus will remain on one area: 'Effects from clinical' the rationale being it's prevalence to the clinicians in practice as this presents relevance to both future students and those in a position to support development. Participants corresponding number (e.g. P1 or 1,2,3) are displayed throughout indicating which individual gave a particular response and where individual respondents have provided the same theme.

'Effects from clinical'

Four categories evolved in this area relating to clinical effects;

- 1) Reality of student status
- 2) Autonomy
- 3) Entering a different area of practice / change in placement / environment
- 4) Teaching and learning methods.

Reality of student status

Three of the participants felt returning to student status was like **starting again** (2,9,14). Some had entered from different fields of practice and had not appreciated the impact this would have but even those who had public health experience related to the reality that the student status evoked and presented with feelings of being **uncomfortable (13) vulnerable (9,13,14) inadequate (15) out of control (16)**. With comments such as

‘in the beginning I thought I don’t know who I am I don’t know how I fit into this’ (P14)

‘I had feelings of inadequacy in front of my specialist teacher, even though I was very comfortable with her, you know she made me feel uncomfortable, I was at ease but I was feeling inadequate so I wasn’t feeling as confident’ (P15)

Having practice and documentation observed and checked a recurring theme (2,4,14,15,16)

‘that was the hardest as well you know writing your notes and having somebody checking them I mean I can understand they need to make sure what you are writing but is quite hard when you have been used to writing notes and you sort of feel you are being watched all the time’ (p2)

This said, P15 an existing school nurse found that being a student and being **observed created greater self awareness and enhanced questioning of her own practice**. She spoke of constructive self-criticism that occurred as a consequence of having her own practice observed despite feeling that she was a competent practitioner whose practice

was appropriate. Interestingly, she commented that there is an 'expectation as a student'

'I can think of one case with a social worker, maybe sometimes I was a bit too familiar and maybe sometimes came across a bit too forward out of student status maybe I was a bit more assertive than I ought to have been' (P15)

a comment that indicates there is a **perception of how students should present** and behave was echoed by others.

P16 felt uncomfortable being introduced as such and stated:

'I didn't feel as if I was recognized any more you know I was introduced as a student That student title people make assumptions about you and about your knowledge base' (P16)

A clear **sense of loss** and an apparent need for clients and other professionals to appreciate that they have existing knowledge and experience. Acceptance by fellow professionals was for many noted to be impacted by the term 'student' (2,4,7,13,15,16).

Students felt better received if introduced by the fact that they were qualified nurses and secondly doing additional education and training (2,7,13,16). This was felt to ensure awareness of qualification which gave greater acceptance of position and trust in knowledge by the clients and network.

P2 appreciated the need to be a student but made reference to recognition of background being important. P16 however wanted to have a caseload from the

commencement indicating a struggle to appreciate that the concept of study and study encompasses the need to relinquish and move from one state to another.

Positively, P15 identified the opportunity to be more critical of oneself albeit constructive. She identified that

‘in a nutshell it was very thought provoking and raised awareness
both self awareness and professional awareness’ (P15)

The reality of student status clearly impacted on individuals in various ways. This highlighted the resentment of the student title and clearly magnifies the need for acknowledgement of previous qualifications to the point that students altered their way of introductory in order to be deemed credible by both clients and fellow professionals.

Autonomy

With the exception of some, loss of autonomy is echoed by 80% of the participants (1,2,4,9,13,14,15,16). Feelings of being out of control due to the loss of autonomy (P16) and loss of status (P16) whilst others as expected by the pure reality that they had entered a different field of practice requiring the need to develop new knowledge and skills a loss of confidence was evident (2,4,9) P16 commented:

‘I found it challenging to have those constraints on my practice if you like
I would have liked more autonomy from the beginning, perhaps my own
caseload’ (P16)

She acknowledged that individual personalities will influence this view point and admitted to feeling out of control due to the loss of autonomy and more pertinently, the lost status!

Consolidated practice seems to be the turning point for participants (1,2,7,9) a period whereby one regains control over working patterns. For others autonomy repaired at the commencement of undertaking work / visits independently (4,5,13,15,16) and having to think for oneself (1,5,13). Confidence remained affected for some (2,4,13,14) because of the student title. Others however felt a boost in confidence due to new found or regained independence (1,15,16). P1 talked about finding her own way and having achieved it found confidence in her ability. She commented:

‘its finding your own way isn’t it? Once you have found your own way that builds up your confidence I think’ (P1)

‘I moved to another comfort zone because I was suddenly familiar with my environment, familiar with my trip to work And familiar with the whole

Entering a different area of practice /change in placement/environment

60% of participants commented about entering a different role (1,4,5,9,13,14) three of who stated it was like starting again (2,9,14). Acknowledging the transition from acute to community to be hard (1) and a massive difference (5), causing the feeling of vulnerability (9).

Students use of previous knowledge and skills was variable and appeared to depend not only on the students recognition of usefulness or transferability (1,2,4,5,7,9,13,14) themselves but also their perceived receptiveness by the team they were engaged with.

It was noted that some coming from different nursing backgrounds initially found it difficult to relate existing skills to the current role (9,13)

‘I had skills of assessing people, planning care, implementing and

evaluating but in a very different setting I was aware that those skills are transferable but there is a difference in the way you use them so I guess in a lot of ways I thought I was right back at the beginning (P9)

Whereas those with backgrounds containing similar domains were more accepting to recognise what was useful

‘behavioural knowledge that I had previously has been very useful And being a lone worker, managing my own diary is something I was used to’ (P4)

Some acknowledged key skills of communication (1,5,15), time management (1), team-working (5,15) listening (1) but not all felt confident initially in utilizing them due to the altered environment (1,14) whereas those with previous school nursing experience felt the ability to transition the skills with greater ease (15,16) despite some initial difficulties relating them to Public Health (16).

P2 acknowledged that previous experience was not recognized, she went on to say:

‘certain things you are used to for example immunisations I have done them in the past but obviously you had to sit back for a while because you couldn’t do that and that was weird’ (P2)

P16 who commented being a practitioner in school nursing and having the basic skills to transfer was an advantage that she felt able to use from the onset.

Confidence was enhanced by being able to use some existing skills (2,4) and being asked by the Practice Teacher for the students opinions (2) drawing on their previous

knowledge (2,4) utilizing material that they as students could bring from their previous domain – areas that P14 felt were not welcome initially within her clinical area and feared being deemed ‘cocky’ if she shared knowledge gained from her previous area.

She commented:

‘you never want to appear to have, to be more knowledgeable than
your practice teacher’ (P14)

On the other hand however, P4 claimed that she found it difficult at times when due to her background she was expected to know things – she found it difficult to ask for additional information due to her perceived view of knowledge expectation.

Environmental factors also featured (1,7,9,14,15,16) with anxieties about the change from acute to community (1,7,9) entering peoples homes (1,7) the pattern of work (7,9) and altered team colleagues (9,14,15,16).

Being made to feel part of the team (1,5,7,15) was found positive with comments such as

‘I had so much support that if I wasn’t sure I could just say.....I think it’s
the team that you’re working with as well and the support they give
that helps’ (P7)

It was acknowledged that adaptation is necessary when embarking on new ventures (9,15) and although impacted more for some than others it was acknowledged that coming away from the comfort zones had more of an impact than anticipated (9,14,15,16)

‘I am comfortable with people I am familiar with, the environment I

am familiar with so going to student status well then I am going to another clinic surrounded by different people I think I am capable of adapting to that but actually realistically I am human as well (15)

The student noted that although she believed herself to be adaptable, the reality was that adaptability took longer than she had anticipated and included not only environment but also new colleagues.

There is a need to be accepted by the team (14) and expressed a feeling of 'panic' due to lack of personal work space feeling that this would have supported a sense of belonging 'having no desk so you are desk sharing, no where to put your pens, no computer, impacts massively because you are vulnerable and you desperately need space to call yours' (P14).

Whilst this was not a common feature, it can only be assumed that this is not a mutual issue or it may be that student's expectations differed in the first instance.

Teaching and learning methods

Observing practice is key to assessment of clinical skill. Being the observer and being observed presented the following views:

'I have quite enjoyed being able to go out with other people and see how they do things' (P4)

'I have learnt an awful lot about how other people work and for me that has been very valuable' (P16)

Some found it less helpful particularly at the early stage of their educational programme

'I found it quite hard to sit back a lot My confidence just disappeared' (P2)

She acknowledged however that by being shown things in the first instance she could go onto practice that aspect.

Discussion and reflection had a mixed response. Whilst the majority saw it as positive P4 had mixed feelings, she found it hard being supervised in the first instance and commented:

‘running through things with someone else, it sort of doubles the visit in some respect because you are going over the whole thing again. But then in other respects it is really good because you are reflecting and if you have missed things you can sort it’ (P4)

Proficiencies and learning logs were noted to be a source of stress (4,5,14) partly to the limited guidance on how to complete the document. This document was deemed to cause more stress over the 10 consolidated practice weeks (4,5).

‘you still have your portfolio and that puts huge amount of pressure on you.... Trying to fit portfolio work into our working week Is a different kind of stress level (P5)

Despite such negativity however, it’s worth was noted:

‘at the beginning it meant nothing to me. It was a process – it became a journey At different stages in that file, I can see where my development came, personally as well as professionally’ (P14)

There is no question that all participants developed knowledge and skills in various areas. Engaging with people in their environments was deemed a new skill (1,4,5,) undertaking group work and health promotion initially considered to be daunting became the norm (7) prescribing (2) and managing case loads (4) were specifically drawn upon and those entering not expecting to gain new skill claimed professional development (15,16) all of which was deemed to be the evolution in promoting confidence and ability despite acknowledging learning and development remains on-going (2,9) with some requiring greater support than others.

Discussion

The reality of student status within the clinical setting appears to have evoked a sense of loss. This has been previously described by [Begley \(2007\)](#) who used the terms frustration and disillusion to sum up the view of students voicing such experience. Relinquishing professional status rendering a feeling of loss of control over personal behavior which presented itself in a loss of personal responsibility and decision making. Feelings of inadequacy could be considered as a consequence of power loss and the recurrent reference being made to being observed and having documentation checked almost being seen as an insult to previous competency opposed to allowing for explanations and development of confidence as noted by [Condell et al. \(2001\)](#) who deemed it a particular resource in supporting the linkage of theory and practice when changing role and whilst facilitating the change from expert to novice.

This said, some participants found being observed positive, promoting confidence and receiving positive reinforcement following observed events. Others advised of evoking

greater self awareness and questioning of own practice, promoting self criticism which comparing to Heirtz et al. (2004) such 'otimistic self-talk' (Heirtz et al 2004 p 418) was identified as a form of internal reinforcement that maintained positive mental attitude and was deemed useful and positive.

The perceptions of how students should present is assumed to evolve from their own historical view of student status or how they themselves would expect student's *to be* which is an interesting concept requiring possible further investigation.

Hylton (2005) concluded that student's difficulty in adapting to the role of learner was attributed to their previous educative experience and although referring to educative style, some participants in the current investigation equated it to be much the same as their nurse education. They made reference to not having appreciated the programme that they were to embark upon – the reality of this having negative consequences.

The discomfort of 'student title' was echoed by many and the need to recapture professional status imperative. With a view that status enhanced credibility, the majority who discussed this aspect felt very precious about how they were introduced in order to ensure acknowledgement of knowledge and experience. This emotional upheaval is also highlighted by Begley (2007) who identified the transition from qualified nurse to novice difficult. Students felt a sense of rejection, loss of recognition and the title of student creating lesser assumptions of ability and knowledge from both clientele and network.

Entering from an alternative discipline and being in a new arena facing new challenges will inevitability impact on ability. As Benner (1884) states,

‘any nurse entering a clinical setting where she or he has no experience with the patient population may be limited to the novice level of performance if the goals and tools of patient care are unfamiliar’

(Benner 1984 p 21)

Being in a new arena, facing new challenges clearly resulted in a view that individuals were starting again – they themselves unable to recognize transferable skills in the first instance. Some facing a phase of discomfort albeit due to a re-framing of relationships with new teams and becoming accustomed to new clinical surroundings an aspect also noted by Hampshire, Willgoss and Wibberley (2013). The findings here support Hylton (2005) by recognizing that students brought with them life skills and work experience, circumstances that Kalman, Wells and Gavan (2009) acknowledge as influential in educational experiences even though they themselves found it difficult to translate to the given field.

Being in a new arena, facing new challenges clearly resulted in a view that individuals were starting again – they themselves unable to recognize transferable skills in the first instance. Some facing a phase of discomfort albeit due to a re-framing of relationships with new teams and becoming accustomed to new clinical surroundings - an issue highlighted by Hampshire, Willgoss and Wibberley (2013) when ascertaining student rationale for consideration to leave programmes. The findings here support Hylton (2005) by recognizing that even though they themselves found difficulty in translating to the given field, students brought with them life skills and work experience, circumstances that Kalman, Wells and Gavan (2009) acknowledge as influential in educational experiences.

As noted by Begley (2005) and Melrose and Gordon (2008) previous experience and qualifications were not always deemed to be recognised by those supporting clinical development which understandably prompted feelings of frustration but even when recognition was given, the students often chose not to share knowledge in fear of being deemed outside of their 'student status'

It should be recognized that adult learners bring with them their own personalities and experiences and that this needs to be valued and acknowledged. The notion of continuously building on existing knowledge and experience and amending of schemata is the essence of adult learning which therefore is progressive and should not be discounted or ignored (Fry et al. 2009) but drawn upon to promote learning (Stuart 2003). In doing so, when participants utilized existing skills and were able to draw on previous knowledge it was noted that confidence was enhanced. For others however, there was a greater expectation due to previous backgrounds which was also deemed negative and impacted on questioning and enquiry.

Shaping new roles involved the balance of role loss and role expansion (Holt 2008) and as Clarly (2009) points out, role transition can be a difficult process but those who have realistic expectations may experience less stress during the actual transition. This feature was highlighted by participants who claimed that they had not given any thought to what the programme was going to entail.

The effect on autonomy was interesting. Some finding it difficult to have constraints on practice giving the view of resenting student status. Reported as feelings of frustration

due to constraints on scope of practice (Hutchinson et al 2011) and described as disempowerment, adding to the loss of confidence equating to the term 'undervalued' as used by Begley (2007 p 377).

Environmental factors have not featured in the other studies discussed but related to changes from acute to community, the change in patterns of work and team colleagues as well as personal space. Whilst this impacted more for some than others it was acknowledged that adaption is necessary and it was acknowledged that coming away from the comfort zones had more of an impact than anticipated. This supports chick and Meleis (1986) who claimed that transition and environment are related in two ways, firstly the change of environment constitutes transition and secondly such change severely disrupts the usual sources of support the individuals draw upon the impact of which either impedes or facilitates transition.

Conclusion

The study has given an appreciation of the disharmony felt for autonomous practitioners that have returned to study and that such disharmony is not just as a result of academic pressure which has not been discussed in any great detail in this paper but the clinical area alone has served consequences.

It is interesting to note that despite the wealth of experience, students grappled in the clinical area with various teaching and learning methods, restrictions on autonomy, the student title, adapting to the changes in environment which included being part of a team.

Although many of the findings support that of previous researchers, particular aspect that became evident was the student title and loss of autonomy– this created such a strong feeling of forfeiture that one questions and would encourage change in practice when introducing forthcoming students acknowledging there is a clear need to retain identity, status and credibility encouraging the use of the previous knowledge and skills as a platform for learning.

This said, students have to appreciate the impact of transition and accept a temporary loss of position in order to move to new beings whilst teachers and practice teachers have a responsibility to acknowledge that transition is individualistic and each will move from one state to another with varying time degrees. It is the role of the educator to understand and promote this concept and to support the student wherever they are on their journey.

Finally, it is positive to note an appreciation of success however difficult and challenging it may have felt – stability regained but transition through continued development remains progressive.

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